L07000044915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/2)pr-fione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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AUG 0 4 2020 S. YOUNG

AK Motors SUBJECT:	ports LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth A. Kirkpatrick		
Name of Person			
	AK Motorsports, LLC		
		Firm/Company	
	2605 SW 33rd Street, Suite	e 200	
Address Ocala, FL 34471			
	Ocala, FL 34471		
		City/State and Zip Code	
	paul@heritagemanagement		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Susi Jenkins		352 482-0777 at ()	
Name of Person		Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

Registration Section
Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

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AK Motorsports, LLC		
•	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L07000044915	iability Company were filed on 4/2/07	and assig
This amendment is submitted to amend the following	owing:	on .
A. If amending name, enter the new name o	f the limited liability company here:	
Enter new principal offices address, if applic		- Los Control
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address on our records, <u>enter th</u> ess here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
MGR	Kenneth A. Kirkpatrick	6780 Hudspeth Rd., Harrisburg, NC 28075	= Add
			□Remov
			□Change
MGR	Kenneth B. Kirkpatrick	_	□Add
		2605 SW 33rd Street, Ocala, FL 34471	=Remov
			□Change
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			□Change

Page 2 of 3

					
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Effective date, if other than the state of the date of the list of the date of the date of the date on the date on the date on the date on the date of	block does not meet	the applicable state	f filing or more than state of the filing require	(optional) 90 days after filing.) Pursu ements, this date will n	ant to 605.0 ot be liste
he record specifies a delay The 90th day after the re	ed effective date ecord is filed.	e, but not an e	ffective time, a	t 12:01 a.m. on th	ie earlie
Dated		020			
An Info	als	shor or authorized re-	presentative of a mer	nher	
	Signature of a mem	ioer or audiomzeu fe	presentative of a filer		
Kenneth B. Kirkpatric					
·	Ty	ped or printed name	of signee		

Page 3 of 3